

# Beyond the Prevention and Treatment Binary: Harm Reduction as a Critical Component of the Drug User Health Continuum

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# ABOUT NASTAD

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**WHO:** A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

**WHERE:** All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific Islands. Africa, the Central America region, and the Caribbean region.

**HOW:** Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments and ministries of health.

# OUR MISSION AND VISION

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**MISSION:** NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

**VISION:** NASTAD's vision is a world free of HIV and viral hepatitis.

# HIV & HEPATITIS STATS

Injection Drug Use accounts for

- 10% of new HIV cases
- Over 60% of HCV cases

Among people who inject drugs

- Over 80% have HCV
- And each year ~ 20-30% of PWID acquire HCV

Comorbidity

- Among PWID and have HIV, 80% also have HCV
- Among PLWHIV w/o IDU, 25% have HCV

**Life time cost of  
each HIV  
infection =  
>\$380,000**

**Accumulated  
costs of HCV  
care over the  
next 20 years  
on this  
trajectory >\$30  
billion**

# HISTORY OF SUBSTANCE USE

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- It has been around LITERALLY FOREVER – ‘beer vs bread’ like a ‘chicken vs egg’ question
- ‘Puritanical’ = basically viewed any substance as corrupting and any inability or unwillingness to not use as a moral failing or character flaw
- ‘Brain Disease’ = views substance use as an immutable characteristic or genetic predisposition

NEITHER of these really gives the person using drugs any agency or control over their use. This is both not true AND isn’t helpful for us working with these individuals

# HISTORY OF SUBSTANCE USE

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- **‘Learning Disorder’** = More recent school of thought groups substance use disorders with other learned behaviors and are more easily understood within this framework – i.e. that individuals adopt maladaptive use patterns in response to situations or environments

This model allows for both personal control over use AND believes in the potential that someone *can* change their use, if they desire

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# SO WHY DO PEOPLE USE DRUGS?

Because they do something for  
the person using them...  
Essentially, they work.

# DRUG USE AS A RELATIONSHIP

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# DRUG, SET, SETTING

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## Norman Zinberg, studies between 1972 - 1984

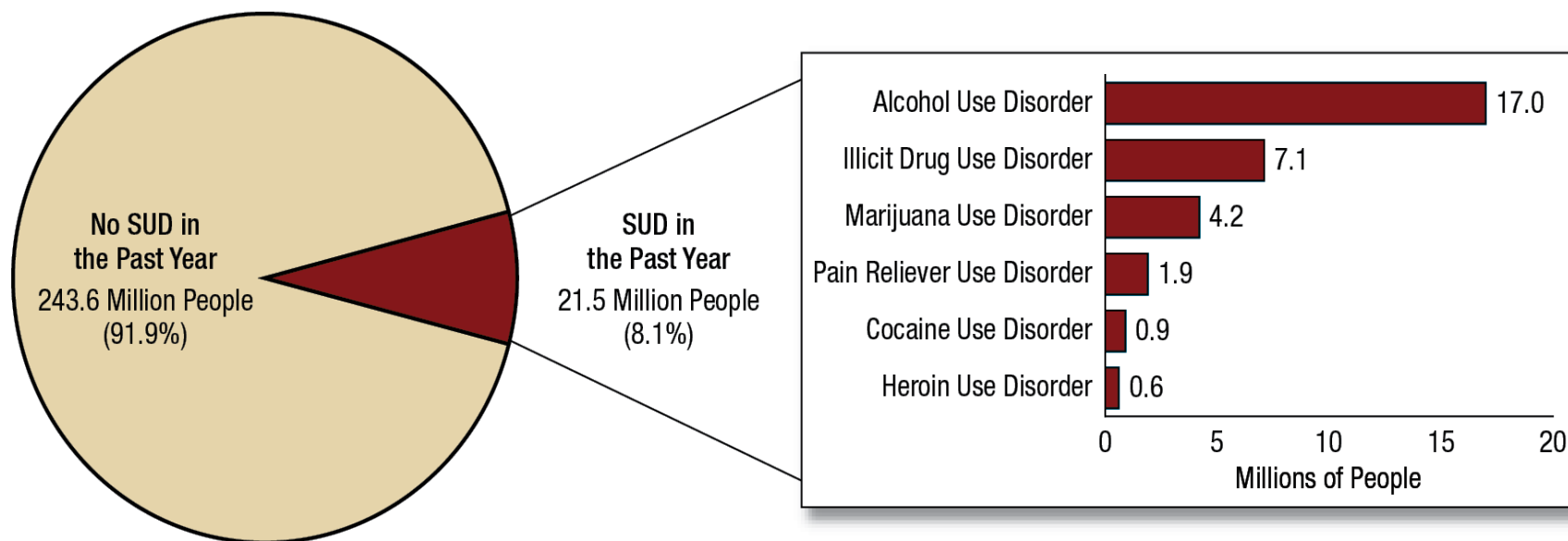
- The Drug – this is the type of drug, the amount, the route of administration, the frequency of use, etc.
- The Set – refers to the mindset or attitude about use
- The Setting – this refers to the context of use— basically where the drug is consumed and with whom

# TRAJECTORY OF DRUG USE

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# AFTER PREVENTION, BEFORE TREATMENT



Numbers of People Aged 12 of Older with a Past Year Substance Use Disorder: 2014

<https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/images/NSDUH-FRR1-fig31.png>

# HARM REDUCTION

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**Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use and other risky behavior. –Harm Reduction Coalition**

- Low-barrier, low threshold, nonjudgmental services designed to ‘meet the client where they are at’
- Often the most common entry point to engage highly stigmatized, hard-to-reach clients, such as PWID, into care
- Alternative to rigid, abstinence based treatment programs
- Recognizes the person behind the substance use
- Allows the individual the opportunity to take active steps to protect their personal health and the health of their communities while still retaining personal control and agency over their substance use.

# HARM REDUCTION

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## SYRINGE SERVICE PROGRAMS (SSPs)

- Access to sterile syringes, injection equipment, safer sex materials, and safe disposal of used syringes is proven to reduce HIV/HCV, overdose, and associated medical costs
- Educates about safer injection practices, overdose prevention, and blood-borne pathogens
- Opportunity to test for HIV and HCV and link to care and SUD treatment – several studies have shown that SSPs are the MOST COMMON point of entry for services for PWID

# TAKE HOME HARM REDUCTION MESSAGES

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- Don't Judge – Just show you care – even when someone uses and might want to continue you have to respect that choice
- Help figure out ways to minimize risks WITH the person using drugs not FOR them
- Recognize that everyone has worth and agency, regardless of their use or sobriety
- Understand that change is difficult and gradual
- Drug use is complex – no clear answers – no right answers – it is different with each person – personal answers
- There are infinite ways to reduce harms in between prevention and treatment

# RADICAL NEUTRALITY

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Providing Harm Reduction services requires a willingness to:

“practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients”.

-Pat Denning and Jeannie Little

Co-Founders of the Center for Harm Reduction Therapy

# RESOURCES

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- [www.NASTAD.org](http://www.NASTAD.org)
- [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)
- [www.hhs.gov/hepatitis](http://www.hhs.gov/hepatitis)
- [www.harmreduction.org](http://www.harmreduction.org)

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